

09/623705

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) ... Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	✓	✓	1/12/01
2	-	N	1/12/01
3	-	✓	1/12/01
4	-	✓	1/12/01
5	-	✓	1/12/01
6	-	✓	1/12/01
7	-	✓	1/12/01
8	-	✓	1/12/01
9	-	✓	1/12/01
10	÷	✓	1/12/01
11	÷	✓	1/12/01
12	÷	✓	1/12/01
13	÷	✓	1/12/01
14	÷	✓	
15	÷	✓	
16	÷	✓	
17	÷	✓	
18	÷	✓	
19	÷	✓	
20	÷	✓	
21	÷	N	N
22	÷	N	N
23	÷	N	N
24	÷	N	N
25	÷	N	N
26	÷	N	N
27	✓		
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
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Best Available Copy